

District 3 Commissary

CD and CASSETTE ORDER FORM

Inmate Name _____ Inmate Number _____

Facility _____ Unit _____ Bed/Cell # _____

Items cannot be refused once they are ordered.

No credits will be given for these orders.

***** Allow 4 to 6 weeks for delivery *****

A 30% markup & 6% sales tax will be charged for all CD & Cassette orders.

Catalog Page #	Catalog Item Number	Artist	Check one box to indicate whether you want cassette tape or CD Title	Tape	CD	Cost from Cat.
				Check one		
Subtotal Multiply By 30% Markup*						x1.30
Subtotal Multiply By 6.35% Sales Tax						x1.0635
Your Cost (approximate)						

This order will take priority over regular commissary orders.

All sales are final - no credits will be given for these orders.

All prices are subject to change without notice.

Inmate Signature: _____ Date: _____

(Your signature is your statement that you have read and understand this form, and accept its terms)

Facility Approval (if required): _____ Date: _____

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